

**REPORT OF INVESTIGATION**  
M E-102 (new 7/99)

State of Connecticut  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
11 Shuttle Road, Farmington, Connecticut 06032  
(860)679-3980

M.E. Case No.

DECEASED	Name (First, Middle or Maiden, Last)		Age	Race	Sex <input type="checkbox"/> male <input type="checkbox"/> female
	Last Residence (No., Street)		Town		State Zip Code
INJURY (if any)	Place of Injury				Date of Injury
DEATH	Place of Death (No., Street)		Town		State
	Reported By (Name)		Affiliation		
	Death Reported Date Time	Examiner Notified Date Time	O.C.M.E. Notified Date Time		
	Arrival at Scene Date Time	Departure from Scene Date Time	Death Determined By		Date Time
	Deceased Identified By (Name)		Address (Street, Town, State)		
INFORMANT	Other Informants (Names)				

**CIRCUM STANCES OF DEATH** (Include when deceased last seen alive and pertinent medical and occupational history)

EXTERNAL EXAMINATION	Deceased Examined At	On (Date)
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Briefly describe position of body, estimated height & weight, eye color, hair characteristics, scars, tattoos, blemishes, & signs of injury or disease. Note signs of death, including rigor mortis and lividity. In homicides or suspicious deaths, record appearance clothing.

AUTOPSY	Performed	If "YES" <input type="checkbox"/> Authorized <input type="checkbox"/> Consent	Date Performed	At (Hospital Name)	By (Name)
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CREMATION	Performed <input type="checkbox"/> Yes <input type="checkbox"/> No	Cremation Certificate Issued <input type="checkbox"/>
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CAUSE OF DEATH	Cause and manner of death should be listed as on Certificate of Death and should be based on circumstances of death, past medical history, external examination, and autopsy, if performed.
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CERTIFICATION	I certify that I made an external examination of the deceased on the date shown and that the cause of death is as stated above.	
	Date <div></div>	Signed <div></div>